

RECEIVED
CENTRAL FAX CENTER

JUN 16 2006

900 S.W. Fifth Avenue, Suite 2600
Portland, Oregon 97204
Phone 503.224.3380
Fax 503.220.2480
www.stoel.com

| Name: | Fax No. | Company/Firm | Phone No. |
|------------------------|----------------|---------------------|-----------|
| TO: Examiner Daniel Ko | (571) 273-8300 | Group Art Unit 2189 | |

| Name: | Sender's Direct Dial: | Sender's Direct Email: |
|--------------------------|-----------------------|--|
| FROM: Micah D. Stolowitz | (503) 294-9189 | mdstolowitz@stoel.com |

| | |
|---------------|--------------|
| Client: 70205 | Matter: 11:1 |
|---------------|--------------|

Date: June 16, 2006

No. of Pages (including this cover): 29

Originals Not Forwarded Unless Checked: First Class Mail Overnight Delivery Hand Delivery**In case of error, call George Painter at (503) 294-9880.**

This facsimile may contain confidential information that is protected by the attorney-client or work product privilege. If the reader of this message is not the intended recipient or an employee responsible for delivering the facsimile, please do not distribute this facsimile, notify us immediately by telephone, and return this facsimile by mail. Thank you.

COMMENTS:**Application No. 10/717,199**

RECEIVED
CENTRAL FAX CENTER

JUN 16 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|----------------------|-------------------|
| Application Number | 10/717,199 |
| Filing Date | November 18, 2003 |
| First Named Inventor | Robert PEREGO |
| Art Unit | 2189 |
| Examiner Name | Daniel B. Ko |

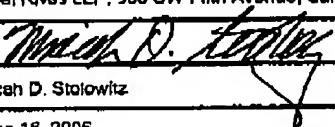
28

Attorney Docket Number 70205/11:1

ENCLOSURES (Check all that apply)

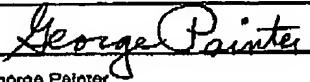
| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Return receipt postcard. |
| <small>Remarks</small> The Extension-of-Time Request is included in the Amendment/Reply. | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Stoel Rives LLP, 900 SW Fifth Avenue, Suite 2600, Portland, Oregon 97204 | | |
| Signature |  | | |
| Printed name | Micah D. Stolowitz | | |
| Date | June 16, 2006 | Reg. No. | 32,758 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | |
|-----------------------|---|
| Signature |  |
| Typed or printed name | George Painter |
| Date | June 16, 2006 |

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

JUN 16 2006

PTO/SB/17 (12-04-2)

Approved for use through 07/31/2006 OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/03/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
1,200.00**Complete if Known**

| | |
|----------------------|-------------------|
| Application Number | 10/717,199 |
| Filing Date | November 18, 2003 |
| First Named Inventor | Robert PEREGO |
| Examiner Name | Daniel B. Ko |
| Art Unit | 2189 |
| Attorney Docket No. | 70205/11:1 |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|---|--------------------------------------|---|-------------------------------|---|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 19-4455 Deposit Account Name Stoel Rives LLP | | | | |
| For the above-identified deposit account, the Director is hereby authorized to. (check all that apply) | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17 | | <input checked="" type="checkbox"/> Credit any overpayments | | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2030.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|---------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

55 - 20 or HP = 35 * 25.00 = 875.00

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

4 - 3 or HP = 1 * 100.00 = 100.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) * =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge): Two-month extension of time

225.00

SUBMITTED BY

| | | | |
|-------------------|--------------------|---|--------------------------|
| Signature | | Registration No. (Attorney/Agent) 32,758 | Telephone (503) 284-9189 |
| Name (Print/Type) | Micah D. Stolowitz | | Date June 16, 2006 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.